

# Form CPF M 102: Campaign Finance Report Municipal Form

COMICEGI Campaign and Political Finance GLOUCESTER. MA

15 0°T 26	A 10:	: 43	F	ile with:	City or Town Clerk	c or Election	n Commission
Fill in Reporting Period dates: Beginning Date:	Septen	nber 12, 201	Ending D	ate:	October 16, 20	015	
Type of Report: (Check one)				<del></del>			
8th day preceding preliminary & 8th day preceding electi	ion ["	] 30 day afte	r election	□ ve	ar-end report	[ ] dies	olution
our day preceding premimary our day preceding electric	ioir (_		A CICCLIOII	1	ar-ona report	L. uiss	Oration
Raymond Scott Memhard		Committee	to Elect Scot	t Memha	ard for Ward I		
Candidate Full Name (if applicable)				Commi	ttee Name		
City Councilor for Ward I, Gloucester MA		Anne Marie	Memhard		·		
Office Sought and District			Nan	ne of Com	mittee Treasurer		
9 Graystone Road, Gloucester MA 01930		15 Graystor	ne Road, Glo	ucester,	MA 01930		
Residential Address			Co	mmittee N	failing Address		
Telephone Number (optional): 978-283-1955		Telephone Nun	nber (optional):				
SUMMARY BAL	ANCE	INFORM	IATION:		······································		
Line 1: Ending Balance from previous repor					\$3,850.0		
Line 1: Ending Balance from previous repor	L				Ψυ,ουν.ο		
Line 2: Total receipts this period (page 3, lin	ne 11)				\$2,215.06		
Line 3: Subtotal (line 1 plus line 2)					\$6,065.0	0	
Line 4: Total expenditures this period (page	5, line	14)			\$979.0	0	
Line 5: Ending Balance (line 3 minus line 4)	)				\$5,086.0		
Line 6: Total in-kind contributions this period	od (page	e 6)				0	
Line 7: Total (all) outstanding liabilities (page		L				0	
Line 8: Name of bank(s) used: Cape Ann Sav	ings Baı	nk					
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to activity, including all contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this comm  Signed under the penalties of perjury:   —   —   —   —   —   —   —   —   —	n-kind con ittee in ac	ntributions and li	iabilities for this	reporting of M.G.L.	period and represer c. 55.	all campaignts the cam	paign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che	ck 1 box	only)	· · · · · · · · · · · · · · · · · · ·	<del>- , . , . , –</del> .	· <del>- · - · · · · · · · · · · · · · · · ·</del>		
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is activity, of all persons acting under the authority or on behalf of this committe incurred any liabilities nor made any expenditures on my behalf during this re  Candidate without Committee OR Candidate with independent activity for	s, to the been in accomporting p	rdance with the reriod.	edge and belief, requirements of	a true and M.G.L. c.	complete statemen 55. I have not rece	t of all cam sived any o	npaign finance ontributions,
I certify that I have examined this report including attached schedules and it is finance activity, including contributions, loans, receipts, expenditures, disburs campaign finance activity of all persons acting under the althority or on beha	s, to the b sements_i	est of my knowle n-kind contribut	ions and liabiliti	es for this	reporting period an ents of M.G.L. c. 5	id represent 5.	ts the
Signed under the penaltics of perjury:	$\sim$		(Candidate's	s signature	) Date: 1	0.24.201	15

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
10/12/2015	Amero, David PO Box 568 Gloucester, MA 01931	\$100.00	
9/12/2015	Bell, Mac S. PO Box 2637 Gloucester, MA 01931	\$100.00	
9/15/2015	Bordinaro, Jan & James 126 Wheeler Street Gloucester, MA 01930	\$200.00	Business owner - Atlantis Motor Inn
9/17/2015	Coakley, Peter & Catherine 90 Pleasant Street Gloucester, MA 01930	\$100.00	
9/21/2015	Ervin, Adele Q. 113 Ocean Avenue Manchester, MA 01944	\$100.00	
9/21/2015	Fingert, Howard & Cindy 115 Waban Hill Road N Chestnut Hill, MA	\$180.00	
9/19/2015	Frisch, Howard 110 Kensington Lane Swampscott, MA 01907	\$250.00	Accountant - Horvitz & Frisch
9/18/2015	Garry, Ronn & Alina Medina 209 Atlantic Road Gloucester, MA 01930	\$100.00	
10/7/2015	Gillis, Robert J. 31 Sayward Street Gloucester, MA 01930	\$100.00	
9/21/2015	Lawrence, Jonathan 21 Fernwood Lake Drive Gloucester, MA 01930	\$200.00	Business Owner - Sonolite Plastics
9/19/2015	Pope, Dale 50B Mt. Pleasant Avenue Gloucester, MA 01930	\$100.00	
10/6/2015	Ryan, Arthur 119 Mt. Pleasant Avenue Gloucester, MA 01930	\$250.00	Retired
ine 9: Total Rece	ipts over \$50 (or listed above)	\$1,880.00	
ine 10: Total Rece	eipts \$50 and under* (not listed above)	\$335	
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	\$2,215.00	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/19/2015	Stonberg, Jeffrey & Naoimi 3 Beach Road Gloucester, MA 01930	\$100.00	
Line 9: Total Rece	ipts over \$50 (or listed above)	\$1,880.00	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	\$335	
	RECEIPTS IN THE PERIOD	\$2,215.00	Enter on page 1, line 2 d include only those receipts not itemized above.

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/16/2015	Linda Stockman	Stockman Design 7 Hills Road Gloucester, MA 01930	Campaign Postcard	\$975.0
		J Oloucosto, Tar 02000		
				<u> </u>
			-	
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	\$975.00
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	\$975.00

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

### **SCHEDULE B: EXPENDITURES (continued)**

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		Line 12: Expenditures over \$50	(or listed above)		
		Line 13: Expenditures \$50 and	under* (not listed shove)		
		Line 15, Expenditules \$50 and	muco (not noted above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		
		include them in line 12. Line 13 s	334 3 3 3 3 3		

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value			
		Line 15: In-Kind Contributions	over \$50 (or listed above)				
		Line 16: In-Kind Contributions	\$50 & under (not listed above)				
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	ine 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				<u> </u>

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